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PTO/SB/05 (4/98)

Approved for use through 09/30/2000. OMB 0651-0032

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# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new non-provisional applications under 37 C.F.R. § 1.53(B))

Attorney Docket No. M81.12-0066  
First Inventor or Application Identifier Todd M. Bjork et al.  
Title SURGICAL SUPPORT ARM DOCKING APPARATUS  
Express Mail Label No. EV 178023090 US

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

Address To:

Mail Stop Patent Application  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

1. ☒ \*Fee Transmittal Form e.g., PTO/SB17)  
(Submit an original and a duplicate for fee processing)
2. ☒ Applicant Claims small entity status
3. ☒ Specification [Total Sheets 36]  
(preferred arrangement set forth below)  
- Descriptive title of the Invention)  
- Cross References to Related Applications  
- Statement Regarding Fed sponsored R & D  
- Reference to Microfiche Appendix  
- Background of the Invention  
- Brief Summary of the Invention  
- Brief Description of the Drawings (if filed)  
- Detailed Description  
- Claim(s)  
- Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. § 113) [Total Sheets 20]
5. Oath or Declaration [Total Sheets 3]  
a. ☒ Newly executed (original or copy)  
b. ☐ Copy from a prior application (37 C.F.R. § 1.63(d))  
(for continuation/divisional with Box 18 completed)  
i. ☐ DELETION OF INVENTOR(S)  
Signed statement attached deleting  
inventor(s) named in the prior application,  
see 37 C.F.R. §§1.63(d)(2) and 1.33(b).
6. ☒ Application Data Sheet. See 37 CFR 1.76

7. ☐ CD-ROM or CD-R in duplicate, large table or  
Computer program (Appendix)

8. Nucleotide and/or Amino Acid Sequence Submission  
(If applicable, all necessary)

- a. ☐ Computer Readable Copy  
b. Specification Sequence Listing on:  
i. ☐ CD-ROM or CD-R (2 Copies); or  
ii. ☐ Paper  
c. ☐ Statement verifying identity of above copies

## ACCOMPANYING APPLICATION PARTS

9. ☒ Assignment Papers (cover sheet & document(s))
10. ☐ 37 C.F.R. § 3.73(b) Statement (when there is an assignee) ☒ Power of Attorney
11. ☐ English Translation Document (if applicable)
12. ☒ Information Disclosure Statement (IDS)/PTO – 1449 ☒ Copies of IDS Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
16. ☐ Nonpublication Request Under 35 USC 122  
(b)(2)(B)(i). Applicant must attach form PTO/SB/35  
or its equivalent
17. ☐ Other:

18. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation –in part (CIP)

of prior application No: /

Prior application information:

Examiner

Group/Art Unit:

**FOR CONTINUATION or DIVISIONAL APPS only:** The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 17. CORRESPONDENCE

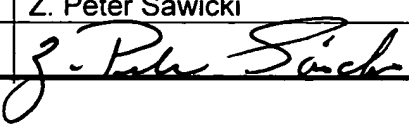
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or ☒ Correspondence address below

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| Name (Print/type) | Z. Peter Sawicki  | Registration No. (Attorney/Agent) | 30,214   |
| Signature         |  | Date                              | 10/31/03 |

| <b>FEE TRANSMITTAL</b>   |               | Complete if Known  |           |  |            |                 |     |              |     |                 |          |      |      |      |     |      |      |      |      |  |      |      |      |      |  |                                     |     |      |     |   |      |  |      |      |   |                            |     |                           |  |      |       |               |         |  |                |          |              |           |           |  |          |            |               |          |          |   |           |            |              |      |              |  |             |      |       |      |     |   |      |      |       |      |       |  |      |      |                        |      |     |  |    |                                   |      |      |      |                          |                           |      |     |      |    |   |      |      |      |      |   |                                  |  |      |       |      |                                  |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |      |  |  |  |  |                           |  |
|--|---------------|--|-----------|--|------------|-----------------|-----|--------------|-----|-----------------|----------|------|------|------|-----|------|------|------|------|--|------|------|------|------|--|-------------------------------------|-----|------|-----|---|------|--|------|------|---|----------------------------|-----|---------------------------|--|------|-------|---------------|---------|--|----------------|----------|--------------|-----------|-----------|--|----------|------------|---------------|----------|----------|---|-----------|------------|--------------|------|--------------|--|-------------|------|-------|------|-----|---|------|------|-------|------|-------|--|------|------|------------------------|------|-----|--|----|-----------------------------------|------|------|------|--------------------------|---------------------------|------|-----|------|----|---|------|------|------|------|---|----------------------------------|--|------|-------|------|----------------------------------|------------------------------------|--|------|-------|------|-----|---|--|------|-----|------|-----|--|--|------|-----|------|-----|-------------------------------|--|------|----|------|----|---|--|------|-----|------|-----|--|--|------|----|------|----|--|------|--|--|--|--|---------------------------|--|
|  |               | Application No.  |           | Filed <b>Herewith</b>  |            |                 |     |              |     |                 |          |      |      |      |     |      |      |      |      |  |      |      |      |      |  |                                     |     |      |     |   |      |  |      |      |   |                            |     |                           |  |      |       |               |         |  |                |          |              |           |           |  |          |            |               |          |          |   |           |            |              |      |              |  |             |      |       |      |     |   |      |      |       |      |       |  |      |      |                        |      |     |  |    |                                   |      |      |      |                          |                           |      |     |      |    |   |      |      |      |      |   |                                  |  |      |       |      |                                  |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |      |  |  |  |  |                           |  |
|  |               | Filing Date  |           | Filed Herewith   |            |                 |     |              |     |                 |          |      |      |      |     |      |      |      |      |  |      |      |      |      |  |                                     |     |      |     |   |      |  |      |      |   |                            |     |                           |  |      |       |               |         |  |                |          |              |           |           |  |          |            |               |          |          |   |           |            |              |      |              |  |             |      |       |      |     |   |      |      |       |      |       |  |      |      |                        |      |     |  |    |                                   |      |      |      |                          |                           |      |     |      |    |   |      |      |      |      |   |                                  |  |      |       |      |                                  |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |      |  |  |  |  |                           |  |
|  |               | First Named Inventor   |           | Todd M. Bjork  |            |                 |     |              |     |                 |          |      |      |      |     |      |      |      |      |  |      |      |      |      |  |                                     |     |      |     |   |      |  |      |      |   |                            |     |                           |  |      |       |               |         |  |                |          |              |           |           |  |          |            |               |          |          |   |           |            |              |      |              |  |             |      |       |      |     |   |      |      |       |      |       |  |      |      |                        |      |     |  |    |                                   |      |      |      |                          |                           |      |     |      |    |   |      |      |      |      |   |                                  |  |      |       |      |                                  |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |      |  |  |  |  |                           |  |
|  |               | Title  |           | SURGICAL SUPPORT ARM DOCKING APPARATUS                                     |            |                 |     |              |     |                 |          |      |      |      |     |      |      |      |      |  |      |      |      |      |  |                                     |     |      |     |   |      |  |      |      |   |                            |     |                           |  |      |       |               |         |  |                |          |              |           |           |  |          |            |               |          |          |   |           |            |              |      |              |  |             |      |       |      |     |   |      |      |       |      |       |  |      |      |                        |      |     |  |    |                                   |      |      |      |                          |                           |      |     |      |    |   |      |      |      |      |   |                                  |  |      |       |      |                                  |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |      |  |  |  |  |                           |  |
|  |               | Group Art Unit   |           |  |            |                 |     |              |     |                 |          |      |      |      |     |      |      |      |      |  |      |      |      |      |  |                                     |     |      |     |   |      |  |      |      |   |                            |     |                           |  |      |       |               |         |  |                |          |              |           |           |  |          |            |               |          |          |   |           |            |              |      |              |  |             |      |       |      |     |   |      |      |       |      |       |  |      |      |                        |      |     |  |    |                                   |      |      |      |                          |                           |      |     |      |    |   |      |      |      |      |   |                                  |  |      |       |      |                                  |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |      |  |  |  |  |                           |  |
|  |               | Examiner Name  |           |  |            |                 |     |              |     |                 |          |      |      |      |     |      |      |      |      |  |      |      |      |      |  |                                     |     |      |     |   |      |  |      |      |   |                            |     |                           |  |      |       |               |         |  |                |          |              |           |           |  |          |            |               |          |          |   |           |            |              |      |              |  |             |      |       |      |     |   |      |      |       |      |       |  |      |      |                        |      |     |  |    |                                   |      |      |      |                          |                           |      |     |      |    |   |      |      |      |      |   |                                  |  |      |       |      |                                  |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |      |  |  |  |  |                           |  |
| Total Amount of Payment    \$ 622 and \$40   |               | Atty. Docket Number  |           | M81.12-0066  |            |                 |     |              |     |                 |          |      |      |      |     |      |      |      |      |  |      |      |      |      |  |                                     |     |      |     |   |      |  |      |      |   |                            |     |                           |  |      |       |               |         |  |                |          |              |           |           |  |          |            |               |          |          |   |           |            |              |      |              |  |             |      |       |      |     |   |      |      |       |      |       |  |      |      |                        |      |     |  |    |                                   |      |      |      |                          |                           |      |     |      |    |   |      |      |      |      |   |                                  |  |      |       |      |                                  |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |      |  |  |  |  |                           |  |
| METHOD OF PAYMENT (Check One)  |               | FEE CALCULATION (Continued)  |           |  |            |                 |     |              |     |                 |          |      |      |      |     |      |      |      |      |  |      |      |      |      |  |                                     |     |      |     |   |      |  |      |      |   |                            |     |                           |  |      |       |               |         |  |                |          |              |           |           |  |          |            |               |          |          |   |           |            |              |      |              |  |             |      |       |      |     |   |      |      |       |      |       |  |      |      |                        |      |     |  |    |                                   |      |      |      |                          |                           |      |     |      |    |   |      |      |      |      |   |                                  |  |      |       |      |                                  |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |      |  |  |  |  |                           |  |
| <p>1. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any additional fee required under 37 C.F.R. § 1.16 and 1.17, including any petition fee, and credit any over payments to Deposit Account No. <u>23-1123</u>. Westman, Champlin &amp; Kelly, P.A.</p> <p>2. <input checked="" type="checkbox"/> PTO Forms 2038 Enclosed</p>   |               | <p><b>3. ADDITIONAL FEES</b></p> <table style="width: 100%; font-size: x-small;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee</th> <th>Fee</th> <th>Fee</th> <th>Fee</th> </tr> <tr> <th>Code</th> <th>(\$)</th> <th>Code</th> <th>(\$)</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>1051</td> <td>130</td> <td>2051</td> <td>65</td> <td>Surcharge - Late filing fee or oath</td> <td></td> </tr> <tr> <td>1052</td> <td>50</td> <td>2052</td> <td>25</td> <td>Surcharge - Late provisional Filing Fee or cover sheet</td> <td></td> </tr> <tr> <td>1053</td> <td>130</td> <td>1053</td> <td>130</td> <td>Non-English specification</td> <td></td> </tr> <tr> <td>1812</td> <td>2,520</td> <td>1812</td> <td>2,520</td> <td>For Filing a Request for Reexamination. (ex parte)</td> <td></td> </tr> <tr> <td>1251</td> <td>110</td> <td>2251</td> <td>55</td> <td>Extension for reply within first month</td> <td></td> </tr> <tr> <td>1252</td> <td>420</td> <td>2252</td> <td>210</td> <td>Extension for reply within second month</td> <td></td> </tr> <tr> <td>1253</td> <td>950</td> <td>2253</td> <td>475</td> <td>Extension for reply within third month</td> <td></td> </tr> <tr> <td>1254</td> <td>1,480</td> <td>2254</td> <td>740</td> <td>Extension for reply within fourth month</td> <td></td> </tr> <tr> <td>1255</td> <td>2,010</td> <td>2255</td> <td>1,005</td> <td>Extension for reply within fifth month</td> <td></td> </tr> <tr> <td>1402</td> <td>330</td> <td>2402</td> <td>165</td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>1403</td> <td>290</td> <td>2403</td> <td>145</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>1814</td> <td>110</td> <td>2814</td> <td>55</td> <td>Terminal Disclaimer Fee</td> <td></td> </tr> <tr> <td>1452</td> <td>110</td> <td>2452</td> <td>55</td> <td>Petition to Revive - unavoidable</td> <td></td> </tr> <tr> <td>1453</td> <td>1,330</td> <td>2453</td> <td>665</td> <td>Petition to Revive - unintentional</td> <td></td> </tr> <tr> <td>1501</td> <td>1,330</td> <td>2501</td> <td>665</td> <td>Utility/Reissue issue fee (inc. advance copies)</td> <td></td> </tr> <tr> <td>1502</td> <td>480</td> <td>2502</td> <td>240</td> <td>Design issue fee (inc. advance copies)</td> <td></td> </tr> <tr> <td>1460</td> <td>130</td> <td>1460</td> <td>130</td> <td>Petitions to the Commissioner</td> <td></td> </tr> <tr> <td>1807</td> <td>50</td> <td>1807</td> <td>50</td> <td>Petitions related to provisional applications</td> <td></td> </tr> <tr> <td>1806</td> <td>180</td> <td>1806</td> <td>180</td> <td>Submission of Information Disclosure Statement</td> <td></td> </tr> <tr> <td>8021</td> <td>40</td> <td>8021</td> <td>40</td> <td>Recording each patent assignment per property (times number of properties)</td> <td>\$40</td> </tr> <tr> <td colspan="4"></td> <td>Other Fee (specify) _____</td> <td></td> </tr> </tbody> </table> |           |  |            | Large Entity    |     | Small Entity |     | Fee Description | Fee Paid | Fee  | Fee  | Fee  | Fee | Code | (\$) | Code | (\$) |  |      | 1051 | 130  | 2051 | 65   | Surcharge - Late filing fee or oath |     | 1052 | 50  | 2052  | 25   | Surcharge - Late provisional Filing Fee or cover sheet |      | 1053 | 130                                       | 1053                       | 130 | Non-English specification |  | 1812 | 2,520 | 1812          | 2,520   | For Filing a Request for Reexamination. (ex parte) |                | 1251     | 110          | 2251      | 55        | Extension for reply within first month |          | 1252       | 420           | 2252     | 210      | Extension for reply within second month |           | 1253       | 950          | 2253 | 475          | Extension for reply within third month |             | 1254 | 1,480 | 2254 | 740 | Extension for reply within fourth month |      | 1255 | 2,010 | 2255 | 1,005 | Extension for reply within fifth month |      | 1402 | 330                    | 2402 | 165 | Filing a brief in support of an appeal |    | 1403                              | 290  | 2403 | 145  | Request for oral hearing |                           | 1814 | 110 | 2814 | 55 | Terminal Disclaimer Fee                         |      | 1452 | 110  | 2452 | 55  | Petition to Revive - unavoidable |  | 1453 | 1,330 | 2453 | 665                              | Petition to Revive - unintentional |  | 1501 | 1,330 | 2501 | 665 | Utility/Reissue issue fee (inc. advance copies) |  | 1502 | 480 | 2502 | 240 | Design issue fee (inc. advance copies) |  | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner |  | 1807 | 50 | 1807 | 50 | Petitions related to provisional applications |  | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Statement |  | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) | \$40 |  |  |  |  | Other Fee (specify) _____ |  |
| Large Entity   |               | Small Entity   |           | Fee Description  | Fee Paid   |                 |     |              |     |                 |          |      |      |      |     |      |      |      |      |  |      |      |      |      |  |                                     |     |      |     |   |      |  |      |      |   |                            |     |                           |  |      |       |               |         |  |                |          |              |           |           |  |          |            |               |          |          |   |           |            |              |      |              |  |             |      |       |      |     |   |      |      |       |      |       |  |      |      |                        |      |     |  |    |                                   |      |      |      |                          |                           |      |     |      |    |   |      |      |      |      |   |                                  |  |      |       |      |                                  |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |      |  |  |  |  |                           |  |
| Fee  | Fee           | Fee  | Fee       |  |            |                 |     |              |     |                 |          |      |      |      |     |      |      |      |      |  |      |      |      |      |  |                                     |     |      |     |   |      |  |      |      |   |                            |     |                           |  |      |       |               |         |  |                |          |              |           |           |  |          |            |               |          |          |   |           |            |              |      |              |  |             |      |       |      |     |   |      |      |       |      |       |  |      |      |                        |      |     |  |    |                                   |      |      |      |                          |                           |      |     |      |    |   |      |      |      |      |   |                                  |  |      |       |      |                                  |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |      |  |  |  |  |                           |  |
| Code   | (\$)          | Code   | (\$)      |  |            |                 |     |              |     |                 |          |      |      |      |     |      |      |      |      |  |      |      |      |      |  |                                     |     |      |     |   |      |  |      |      |   |                            |     |                           |  |      |       |               |         |  |                |          |              |           |           |  |          |            |               |          |          |   |           |            |              |      |              |  |             |      |       |      |     |   |      |      |       |      |       |  |      |      |                        |      |     |  |    |                                   |      |      |      |                          |                           |      |     |      |    |   |      |      |      |      |   |                                  |  |      |       |      |                                  |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |      |  |  |  |  |                           |  |
| 1051   | 130           | 2051   | 65        | Surcharge - Late filing fee or oath  |            |                 |     |              |     |                 |          |      |      |      |     |      |      |      |      |  |      |      |      |      |  |                                     |     |      |     |   |      |  |      |      |   |                            |     |                           |  |      |       |               |         |  |                |          |              |           |           |  |          |            |               |          |          |   |           |            |              |      |              |  |             |      |       |      |     |   |      |      |       |      |       |  |      |      |                        |      |     |  |    |                                   |      |      |      |                          |                           |      |     |      |    |   |      |      |      |      |   |                                  |  |      |       |      |                                  |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |      |  |  |  |  |                           |  |
| 1052   | 50            | 2052   | 25        | Surcharge - Late provisional Filing Fee or cover sheet                     |            |                 |     |              |     |                 |          |      |      |      |     |      |      |      |      |  |      |      |      |      |  |                                     |     |      |     |   |      |  |      |      |   |                            |     |                           |  |      |       |               |         |  |                |          |              |           |           |  |          |            |               |          |          |   |           |            |              |      |              |  |             |      |       |      |     |   |      |      |       |      |       |  |      |      |                        |      |     |  |    |                                   |      |      |      |                          |                           |      |     |      |    |   |      |      |      |      |   |                                  |  |      |       |      |                                  |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |      |  |  |  |  |                           |  |
| 1053   | 130           | 1053   | 130       | Non-English specification  |            |                 |     |              |     |                 |          |      |      |      |     |      |      |      |      |  |      |      |      |      |  |                                     |     |      |     |   |      |  |      |      |   |                            |     |                           |  |      |       |               |         |  |                |          |              |           |           |  |          |            |               |          |          |   |           |            |              |      |              |  |             |      |       |      |     |   |      |      |       |      |       |  |      |      |                        |      |     |  |    |                                   |      |      |      |                          |                           |      |     |      |    |   |      |      |      |      |   |                                  |  |      |       |      |                                  |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |      |  |  |  |  |                           |  |
| 1812   | 2,520         | 1812   | 2,520     | For Filing a Request for Reexamination. (ex parte)                         |            |                 |     |              |     |                 |          |      |      |      |     |      |      |      |      |  |      |      |      |      |  |                                     |     |      |     |   |      |  |      |      |   |                            |     |                           |  |      |       |               |         |  |                |          |              |           |           |  |          |            |               |          |          |   |           |            |              |      |              |  |             |      |       |      |     |   |      |      |       |      |       |  |      |      |                        |      |     |  |    |                                   |      |      |      |                          |                           |      |     |      |    |   |      |      |      |      |   |                                  |  |      |       |      |                                  |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |      |  |  |  |  |                           |  |
| 1251   | 110           | 2251   | 55        | Extension for reply within first month                                     |            |                 |     |              |     |                 |          |      |      |      |     |      |      |      |      |  |      |      |      |      |  |                                     |     |      |     |   |      |  |      |      |   |                            |     |                           |  |      |       |               |         |  |                |          |              |           |           |  |          |            |               |          |          |   |           |            |              |      |              |  |             |      |       |      |     |   |      |      |       |      |       |  |      |      |                        |      |     |  |    |                                   |      |      |      |                          |                           |      |     |      |    |   |      |      |      |      |   |                                  |  |      |       |      |                                  |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |      |  |  |  |  |                           |  |
| 1252   | 420           | 2252   | 210       | Extension for reply within second month                                    |            |                 |     |              |     |                 |          |      |      |      |     |      |      |      |      |  |      |      |      |      |  |                                     |     |      |     |   |      |  |      |      |   |                            |     |                           |  |      |       |               |         |  |                |          |              |           |           |  |          |            |               |          |          |   |           |            |              |      |              |  |             |      |       |      |     |   |      |      |       |      |       |  |      |      |                        |      |     |  |    |                                   |      |      |      |                          |                           |      |     |      |    |   |      |      |      |      |   |                                  |  |      |       |      |                                  |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |      |  |  |  |  |                           |  |
| 1253   | 950           | 2253   | 475       | Extension for reply within third month                                     |            |                 |     |              |     |                 |          |      |      |      |     |      |      |      |      |  |      |      |      |      |  |                                     |     |      |     |   |      |  |      |      |   |                            |     |                           |  |      |       |               |         |  |                |          |              |           |           |  |          |            |               |          |          |   |           |            |              |      |              |  |             |      |       |      |     |   |      |      |       |      |       |  |      |      |                        |      |     |  |    |                                   |      |      |      |                          |                           |      |     |      |    |   |      |      |      |      |   |                                  |  |      |       |      |                                  |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |      |  |  |  |  |                           |  |
| 1254   | 1,480         | 2254   | 740       | Extension for reply within fourth month                                    |            |                 |     |              |     |                 |          |      |      |      |     |      |      |      |      |  |      |      |      |      |  |                                     |     |      |     |   |      |  |      |      |   |                            |     |                           |  |      |       |               |         |  |                |          |              |           |           |  |          |            |               |          |          |   |           |            |              |      |              |  |             |      |       |      |     |   |      |      |       |      |       |  |      |      |                        |      |     |  |    |                                   |      |      |      |                          |                           |      |     |      |    |   |      |      |      |      |   |                                  |  |      |       |      |                                  |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |      |  |  |  |  |                           |  |
| 1255   | 2,010         | 2255   | 1,005     | Extension for reply within fifth month                                     |            |                 |     |              |     |                 |          |      |      |      |     |      |      |      |      |  |      |      |      |      |  |                                     |     |      |     |   |      |  |      |      |   |                            |     |                           |  |      |       |               |         |  |                |          |              |           |           |  |          |            |               |          |          |   |           |            |              |      |              |  |             |      |       |      |     |   |      |      |       |      |       |  |      |      |                        |      |     |  |    |                                   |      |      |      |                          |                           |      |     |      |    |   |      |      |      |      |   |                                  |  |      |       |      |                                  |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |      |  |  |  |  |                           |  |
| 1402   | 330           | 2402   | 165       | Filing a brief in support of an appeal                                     |            |                 |     |              |     |                 |          |      |      |      |     |      |      |      |      |  |      |      |      |      |  |                                     |     |      |     |   |      |  |      |      |   |                            |     |                           |  |      |       |               |         |  |                |          |              |           |           |  |          |            |               |          |          |   |           |            |              |      |              |  |             |      |       |      |     |   |      |      |       |      |       |  |      |      |                        |      |     |  |    |                                   |      |      |      |                          |                           |      |     |      |    |   |      |      |      |      |   |                                  |  |      |       |      |                                  |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |      |  |  |  |  |                           |  |
| 1403   | 290           | 2403   | 145       | Request for oral hearing   |            |                 |     |              |     |                 |          |      |      |      |     |      |      |      |      |  |      |      |      |      |  |                                     |     |      |     |   |      |  |      |      |   |                            |     |                           |  |      |       |               |         |  |                |          |              |           |           |  |          |            |               |          |          |   |           |            |              |      |              |  |             |      |       |      |     |   |      |      |       |      |       |  |      |      |                        |      |     |  |    |                                   |      |      |      |                          |                           |      |     |      |    |   |      |      |      |      |   |                                  |  |      |       |      |                                  |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |      |  |  |  |  |                           |  |
| 1814   | 110           | 2814   | 55        | Terminal Disclaimer Fee  |            |                 |     |              |     |                 |          |      |      |      |     |      |      |      |      |  |      |      |      |      |  |                                     |     |      |     |   |      |  |      |      |   |                            |     |                           |  |      |       |               |         |  |                |          |              |           |           |  |          |            |               |          |          |   |           |            |              |      |              |  |             |      |       |      |     |   |      |      |       |      |       |  |      |      |                        |      |     |  |    |                                   |      |      |      |                          |                           |      |     |      |    |   |      |      |      |      |   |                                  |  |      |       |      |                                  |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |      |  |  |  |  |                           |  |
| 1452   | 110           | 2452   | 55        | Petition to Revive - unavoidable   |            |                 |     |              |     |                 |          |      |      |      |     |      |      |      |      |  |      |      |      |      |  |                                     |     |      |     |   |      |  |      |      |   |                            |     |                           |  |      |       |               |         |  |                |          |              |           |           |  |          |            |               |          |          |   |           |            |              |      |              |  |             |      |       |      |     |   |      |      |       |      |       |  |      |      |                        |      |     |  |    |                                   |      |      |      |                          |                           |      |     |      |    |   |      |      |      |      |   |                                  |  |      |       |      |                                  |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |      |  |  |  |  |                           |  |
| 1453   | 1,330         | 2453   | 665       | Petition to Revive - unintentional   |            |                 |     |              |     |                 |          |      |      |      |     |      |      |      |      |  |      |      |      |      |  |                                     |     |      |     |   |      |  |      |      |   |                            |     |                           |  |      |       |               |         |  |                |          |              |           |           |  |          |            |               |          |          |   |           |            |              |      |              |  |             |      |       |      |     |   |      |      |       |      |       |  |      |      |                        |      |     |  |    |                                   |      |      |      |                          |                           |      |     |      |    |   |      |      |      |      |   |                                  |  |      |       |      |                                  |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |      |  |  |  |  |                           |  |
| 1501   | 1,330         | 2501   | 665       | Utility/Reissue issue fee (inc. advance copies)                            |            |                 |     |              |     |                 |          |      |      |      |     |      |      |      |      |  |      |      |      |      |  |                                     |     |      |     |   |      |  |      |      |   |                            |     |                           |  |      |       |               |         |  |                |          |              |           |           |  |          |            |               |          |          |   |           |            |              |      |              |  |             |      |       |      |     |   |      |      |       |      |       |  |      |      |                        |      |     |  |    |                                   |      |      |      |                          |                           |      |     |      |    |   |      |      |      |      |   |                                  |  |      |       |      |                                  |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |      |  |  |  |  |                           |  |
| 1502   | 480           | 2502   | 240       | Design issue fee (inc. advance copies)                                     |            |                 |     |              |     |                 |          |      |      |      |     |      |      |      |      |  |      |      |      |      |  |                                     |     |      |     |   |      |  |      |      |   |                            |     |                           |  |      |       |               |         |  |                |          |              |           |           |  |          |            |               |          |          |   |           |            |              |      |              |  |             |      |       |      |     |   |      |      |       |      |       |  |      |      |                        |      |     |  |    |                                   |      |      |      |                          |                           |      |     |      |    |   |      |      |      |      |   |                                  |  |      |       |      |                                  |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |      |  |  |  |  |                           |  |
| 1460   | 130           | 1460   | 130       | Petitions to the Commissioner  |            |                 |     |              |     |                 |          |      |      |      |     |      |      |      |      |  |      |      |      |      |  |                                     |     |      |     |   |      |  |      |      |   |                            |     |                           |  |      |       |               |         |  |                |          |              |           |           |  |          |            |               |          |          |   |           |            |              |      |              |  |             |      |       |      |     |   |      |      |       |      |       |  |      |      |                        |      |     |  |    |                                   |      |      |      |                          |                           |      |     |      |    |   |      |      |      |      |   |                                  |  |      |       |      |                                  |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |      |  |  |  |  |                           |  |
| 1807   | 50            | 1807   | 50        | Petitions related to provisional applications                              |            |                 |     |              |     |                 |          |      |      |      |     |      |      |      |      |  |      |      |      |      |  |                                     |     |      |     |   |      |  |      |      |   |                            |     |                           |  |      |       |               |         |  |                |          |              |           |           |  |          |            |               |          |          |   |           |            |              |      |              |  |             |      |       |      |     |   |      |      |       |      |       |  |      |      |                        |      |     |  |    |                                   |      |      |      |                          |                           |      |     |      |    |   |      |      |      |      |   |                                  |  |      |       |      |                                  |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |      |  |  |  |  |                           |  |
| 1806   | 180           | 1806   | 180       | Submission of Information Disclosure Statement                             |            |                 |     |              |     |                 |          |      |      |      |     |      |      |      |      |  |      |      |      |      |  |                                     |     |      |     |   |      |  |      |      |   |                            |     |                           |  |      |       |               |         |  |                |          |              |           |           |  |          |            |               |          |          |   |           |            |              |      |              |  |             |      |       |      |     |   |      |      |       |      |       |  |      |      |                        |      |     |  |    |                                   |      |      |      |                          |                           |      |     |      |    |   |      |      |      |      |   |                                  |  |      |       |      |                                  |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |      |  |  |  |  |                           |  |
| 8021   | 40            | 8021   | 40        | Recording each patent assignment per property (times number of properties) | \$40       |                 |     |              |     |                 |          |      |      |      |     |      |      |      |      |  |      |      |      |      |  |                                     |     |      |     |   |      |  |      |      |   |                            |     |                           |  |      |       |               |         |  |                |          |              |           |           |  |          |            |               |          |          |   |           |            |              |      |              |  |             |      |       |      |     |   |      |      |       |      |       |  |      |      |                        |      |     |  |    |                                   |      |      |      |                          |                           |      |     |      |    |   |      |      |      |      |   |                                  |  |      |       |      |                                  |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |      |  |  |  |  |                           |  |
|  |               |  |           | Other Fee (specify) _____  |            |                 |     |              |     |                 |          |      |      |      |     |      |      |      |      |  |      |      |      |      |  |                                     |     |      |     |   |      |  |      |      |   |                            |     |                           |  |      |       |               |         |  |                |          |              |           |           |  |          |            |               |          |          |   |           |            |              |      |              |  |             |      |       |      |     |   |      |      |       |      |       |  |      |      |                        |      |     |  |    |                                   |      |      |      |                          |                           |      |     |      |    |   |      |      |      |      |   |                                  |  |      |       |      |                                  |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |      |  |  |  |  |                           |  |
| <p><b>FEE CALCULATION</b></p> <p><b>1. BASIC FILING FEE</b></p> <table style="width: 100%; font-size: x-small;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> </tr> <tr> <th>Fee</th> <th>Fee</th> <th>Fee</th> <th>Fee</th> </tr> <tr> <th>Code</th> <th>(\$)</th> <th>Code</th> <th>(\$)</th> <th></th> </tr> </thead> <tbody> <tr> <td>1001</td> <td>770</td> <td>2001</td> <td>385</td> <td><input checked="" type="checkbox"/> Utility Filing Fee</td> </tr> <tr> <td>1002</td> <td>340</td> <td>2002</td> <td>170</td> <td><input type="checkbox"/> Design Filing Fee</td> </tr> <tr> <td>1004</td> <td>770</td> <td>2004</td> <td>385</td> <td><input type="checkbox"/> Reissue Filing Fee</td> </tr> <tr> <td>1005</td> <td>160</td> <td>2005</td> <td>80</td> <td><input type="checkbox"/> Prov. Filing Fee</td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>Subtotal (1) \$ 385</b></td> </tr> </tbody> </table> <p><b>2. EXTRA CLAIM FEES</b></p> <table style="width: 100%; font-size: x-small;"> <thead> <tr> <th></th> <th>Number Claims</th> <th>Prior**</th> <th>Extra</th> <th>Fee from Below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td><b>Total</b></td> <td><b>32</b></td> <td><b>20</b></td> <td><b>12</b></td> <td><b>9</b></td> <td><b>108</b></td> </tr> <tr> <td><b>Indep.</b></td> <td><b>6</b></td> <td><b>3</b></td> <td><b>3</b></td> <td><b>43</b></td> <td><b>129</b></td> </tr> </tbody> </table> <p>Multiple Dependent Claims</p> <p>** Insert 3 and 20, or number previously paid if greater; Reissue see below</p> <table style="width: 100%; font-size: x-small;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Description</th> </tr> <tr> <th>Fee</th> <th>Fee</th> <th>Fee</th> <th>Fee</th> </tr> <tr> <th>Code</th> <th>(\$)</th> <th>Code</th> <th>(\$)</th> <th></th> </tr> </thead> <tbody> <tr> <td>1202</td> <td>18</td> <td>2202</td> <td>9</td> <td>Claims in excess of 20</td> </tr> <tr> <td>1201</td> <td>86</td> <td>2201</td> <td>43</td> <td>Independent claims in excess of 3</td> </tr> <tr> <td>1203</td> <td>290</td> <td>2203</td> <td>145</td> <td>Multiple Dependent Claims</td> </tr> <tr> <td>1204</td> <td>86</td> <td>2204</td> <td>43</td> <td>Reissue Independent Claims over Original Patent</td> </tr> <tr> <td>1205</td> <td>18</td> <td>2205</td> <td>9</td> <td>Reissue claims in excess of 20 and over original patent</td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>Subtotal (2) \$ 237</b></td> </tr> </tbody> </table> |               | Large Entity   |           | Small Entity   |            | Fee Description | Fee | Fee          | Fee | Fee             | Code     | (\$) | Code | (\$) |     | 1001 | 770  | 2001 | 385  | <input checked="" type="checkbox"/> Utility Filing Fee | 1002 | 340  | 2002 | 170  | <input type="checkbox"/> Design Filing Fee | 1004                                | 770 | 2004 | 385 | <input type="checkbox"/> Reissue Filing Fee | 1005 | 160  | 2005 | 80   | <input type="checkbox"/> Prov. Filing Fee | <b>Subtotal (1) \$ 385</b> |     |                           |  |      |       | Number Claims | Prior** | Extra  | Fee from Below | Fee Paid | <b>Total</b> | <b>32</b> | <b>20</b> | <b>12</b>                              | <b>9</b> | <b>108</b> | <b>Indep.</b> | <b>6</b> | <b>3</b> | <b>3</b>                                | <b>43</b> | <b>129</b> | Large Entity |      | Small Entity |  | Description | Fee  | Fee   | Fee  | Fee | Code                                    | (\$) | Code | (\$)  |      | 1202  | 18                                     | 2202 | 9    | Claims in excess of 20 | 1201 | 86  | 2201                                   | 43 | Independent claims in excess of 3 | 1203 | 290  | 2203 | 145                      | Multiple Dependent Claims | 1204 | 86  | 2204 | 43 | Reissue Independent Claims over Original Patent | 1205 | 18   | 2205 | 9    | Reissue claims in excess of 20 and over original patent | <b>Subtotal (2) \$ 237</b>       |  |      |       |      | <p><b>Subtotal (3) \$ 40</b></p> |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |      |  |  |  |  |                           |  |
| Large Entity   |               | Small Entity   |           | Fee Description  |            |                 |     |              |     |                 |          |      |      |      |     |      |      |      |      |  |      |      |      |      |  |                                     |     |      |     |   |      |  |      |      |   |                            |     |                           |  |      |       |               |         |  |                |          |              |           |           |  |          |            |               |          |          |   |           |            |              |      |              |  |             |      |       |      |     |   |      |      |       |      |       |  |      |      |                        |      |     |  |    |                                   |      |      |      |                          |                           |      |     |      |    |   |      |      |      |      |   |                                  |  |      |       |      |                                  |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |      |  |  |  |  |                           |  |
| Fee  | Fee           | Fee  | Fee       |  |            |                 |     |              |     |                 |          |      |      |      |     |      |      |      |      |  |      |      |      |      |  |                                     |     |      |     |   |      |  |      |      |   |                            |     |                           |  |      |       |               |         |  |                |          |              |           |           |  |          |            |               |          |          |   |           |            |              |      |              |  |             |      |       |      |     |   |      |      |       |      |       |  |      |      |                        |      |     |  |    |                                   |      |      |      |                          |                           |      |     |      |    |   |      |      |      |      |   |                                  |  |      |       |      |                                  |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |      |  |  |  |  |                           |  |
| Code   | (\$)          | Code   | (\$)      |  |            |                 |     |              |     |                 |          |      |      |      |     |      |      |      |      |  |      |      |      |      |  |                                     |     |      |     |   |      |  |      |      |   |                            |     |                           |  |      |       |               |         |  |                |          |              |           |           |  |          |            |               |          |          |   |           |            |              |      |              |  |             |      |       |      |     |   |      |      |       |      |       |  |      |      |                        |      |     |  |    |                                   |      |      |      |                          |                           |      |     |      |    |   |      |      |      |      |   |                                  |  |      |       |      |                                  |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |      |  |  |  |  |                           |  |
| 1001   | 770           | 2001   | 385       | <input checked="" type="checkbox"/> Utility Filing Fee                     |            |                 |     |              |     |                 |          |      |      |      |     |      |      |      |      |  |      |      |      |      |  |                                     |     |      |     |   |      |  |      |      |   |                            |     |                           |  |      |       |               |         |  |                |          |              |           |           |  |          |            |               |          |          |   |           |            |              |      |              |  |             |      |       |      |     |   |      |      |       |      |       |  |      |      |                        |      |     |  |    |                                   |      |      |      |                          |                           |      |     |      |    |   |      |      |      |      |   |                                  |  |      |       |      |                                  |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |      |  |  |  |  |                           |  |
| 1002   | 340           | 2002   | 170       | <input type="checkbox"/> Design Filing Fee                                 |            |                 |     |              |     |                 |          |      |      |      |     |      |      |      |      |  |      |      |      |      |  |                                     |     |      |     |   |      |  |      |      |   |                            |     |                           |  |      |       |               |         |  |                |          |              |           |           |  |          |            |               |          |          |   |           |            |              |      |              |  |             |      |       |      |     |   |      |      |       |      |       |  |      |      |                        |      |     |  |    |                                   |      |      |      |                          |                           |      |     |      |    |   |      |      |      |      |   |                                  |  |      |       |      |                                  |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |      |  |  |  |  |                           |  |
| 1004   | 770           | 2004   | 385       | <input type="checkbox"/> Reissue Filing Fee                                |            |                 |     |              |     |                 |          |      |      |      |     |      |      |      |      |  |      |      |      |      |  |                                     |     |      |     |   |      |  |      |      |   |                            |     |                           |  |      |       |               |         |  |                |          |              |           |           |  |          |            |               |          |          |   |           |            |              |      |              |  |             |      |       |      |     |   |      |      |       |      |       |  |      |      |                        |      |     |  |    |                                   |      |      |      |                          |                           |      |     |      |    |   |      |      |      |      |   |                                  |  |      |       |      |                                  |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |      |  |  |  |  |                           |  |
| 1005   | 160           | 2005   | 80        | <input type="checkbox"/> Prov. Filing Fee                                  |            |                 |     |              |     |                 |          |      |      |      |     |      |      |      |      |  |      |      |      |      |  |                                     |     |      |     |   |      |  |      |      |   |                            |     |                           |  |      |       |               |         |  |                |          |              |           |           |  |          |            |               |          |          |   |           |            |              |      |              |  |             |      |       |      |     |   |      |      |       |      |       |  |      |      |                        |      |     |  |    |                                   |      |      |      |                          |                           |      |     |      |    |   |      |      |      |      |   |                                  |  |      |       |      |                                  |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |      |  |  |  |  |                           |  |
| <b>Subtotal (1) \$ 385</b>   |               |  |           |  |            |                 |     |              |     |                 |          |      |      |      |     |      |      |      |      |  |      |      |      |      |  |                                     |     |      |     |   |      |  |      |      |   |                            |     |                           |  |      |       |               |         |  |                |          |              |           |           |  |          |            |               |          |          |   |           |            |              |      |              |  |             |      |       |      |     |   |      |      |       |      |       |  |      |      |                        |      |     |  |    |                                   |      |      |      |                          |                           |      |     |      |    |   |      |      |      |      |   |                                  |  |      |       |      |                                  |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |      |  |  |  |  |                           |  |
|  | Number Claims | Prior**  | Extra     | Fee from Below   | Fee Paid   |                 |     |              |     |                 |          |      |      |      |     |      |      |      |      |  |      |      |      |      |  |                                     |     |      |     |   |      |  |      |      |   |                            |     |                           |  |      |       |               |         |  |                |          |              |           |           |  |          |            |               |          |          |   |           |            |              |      |              |  |             |      |       |      |     |   |      |      |       |      |       |  |      |      |                        |      |     |  |    |                                   |      |      |      |                          |                           |      |     |      |    |   |      |      |      |      |   |                                  |  |      |       |      |                                  |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |      |  |  |  |  |                           |  |
| <b>Total</b>   | <b>32</b>     | <b>20</b>  | <b>12</b> | <b>9</b>   | <b>108</b> |                 |     |              |     |                 |          |      |      |      |     |      |      |      |      |  |      |      |      |      |  |                                     |     |      |     |   |      |  |      |      |   |                            |     |                           |  |      |       |               |         |  |                |          |              |           |           |  |          |            |               |          |          |   |           |            |              |      |              |  |             |      |       |      |     |   |      |      |       |      |       |  |      |      |                        |      |     |  |    |                                   |      |      |      |                          |                           |      |     |      |    |   |      |      |      |      |   |                                  |  |      |       |      |                                  |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |      |  |  |  |  |                           |  |
| <b>Indep.</b>  | <b>6</b>      | <b>3</b>   | <b>3</b>  | <b>43</b>  | <b>129</b> |                 |     |              |     |                 |          |      |      |      |     |      |      |      |      |  |      |      |      |      |  |                                     |     |      |     |   |      |  |      |      |   |                            |     |                           |  |      |       |               |         |  |                |          |              |           |           |  |          |            |               |          |          |   |           |            |              |      |              |  |             |      |       |      |     |   |      |      |       |      |       |  |      |      |                        |      |     |  |    |                                   |      |      |      |                          |                           |      |     |      |    |   |      |      |      |      |   |                                  |  |      |       |      |                                  |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |      |  |  |  |  |                           |  |
| Large Entity   |               | Small Entity   |           | Description  |            |                 |     |              |     |                 |          |      |      |      |     |      |      |      |      |  |      |      |      |      |  |                                     |     |      |     |   |      |  |      |      |   |                            |     |                           |  |      |       |               |         |  |                |          |              |           |           |  |          |            |               |          |          |   |           |            |              |      |              |  |             |      |       |      |     |   |      |      |       |      |       |  |      |      |                        |      |     |  |    |                                   |      |      |      |                          |                           |      |     |      |    |   |      |      |      |      |   |                                  |  |      |       |      |                                  |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |      |  |  |  |  |                           |  |
| Fee  | Fee           | Fee  | Fee       |  |            |                 |     |              |     |                 |          |      |      |      |     |      |      |      |      |  |      |      |      |      |  |                                     |     |      |     |   |      |  |      |      |   |                            |     |                           |  |      |       |               |         |  |                |          |              |           |           |  |          |            |               |          |          |   |           |            |              |      |              |  |             |      |       |      |     |   |      |      |       |      |       |  |      |      |                        |      |     |  |    |                                   |      |      |      |                          |                           |      |     |      |    |   |      |      |      |      |   |                                  |  |      |       |      |                                  |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |      |  |  |  |  |                           |  |
| Code   | (\$)          | Code   | (\$)      |  |            |                 |     |              |     |                 |          |      |      |      |     |      |      |      |      |  |      |      |      |      |  |                                     |     |      |     |   |      |  |      |      |   |                            |     |                           |  |      |       |               |         |  |                |          |              |           |           |  |          |            |               |          |          |   |           |            |              |      |              |  |             |      |       |      |     |   |      |      |       |      |       |  |      |      |                        |      |     |  |    |                                   |      |      |      |                          |                           |      |     |      |    |   |      |      |      |      |   |                                  |  |      |       |      |                                  |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |      |  |  |  |  |                           |  |
| 1202   | 18            | 2202   | 9         | Claims in excess of 20   |            |                 |     |              |     |                 |          |      |      |      |     |      |      |      |      |  |      |      |      |      |  |                                     |     |      |     |   |      |  |      |      |   |                            |     |                           |  |      |       |               |         |  |                |          |              |           |           |  |          |            |               |          |          |   |           |            |              |      |              |  |             |      |       |      |     |   |      |      |       |      |       |  |      |      |                        |      |     |  |    |                                   |      |      |      |                          |                           |      |     |      |    |   |      |      |      |      |   |                                  |  |      |       |      |                                  |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |      |  |  |  |  |                           |  |
| 1201   | 86            | 2201   | 43        | Independent claims in excess of 3  |            |                 |     |              |     |                 |          |      |      |      |     |      |      |      |      |  |      |      |      |      |  |                                     |     |      |     |   |      |  |      |      |   |                            |     |                           |  |      |       |               |         |  |                |          |              |           |           |  |          |            |               |          |          |   |           |            |              |      |              |  |             |      |       |      |     |   |      |      |       |      |       |  |      |      |                        |      |     |  |    |                                   |      |      |      |                          |                           |      |     |      |    |   |      |      |      |      |   |                                  |  |      |       |      |                                  |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |      |  |  |  |  |                           |  |
| 1203   | 290           | 2203   | 145       | Multiple Dependent Claims  |            |                 |     |              |     |                 |          |      |      |      |     |      |      |      |      |  |      |      |      |      |  |                                     |     |      |     |   |      |  |      |      |   |                            |     |                           |  |      |       |               |         |  |                |          |              |           |           |  |          |            |               |          |          |   |           |            |              |      |              |  |             |      |       |      |     |   |      |      |       |      |       |  |      |      |                        |      |     |  |    |                                   |      |      |      |                          |                           |      |     |      |    |   |      |      |      |      |   |                                  |  |      |       |      |                                  |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |      |  |  |  |  |                           |  |
| 1204   | 86            | 2204   | 43        | Reissue Independent Claims over Original Patent                            |            |                 |     |              |     |                 |          |      |      |      |     |      |      |      |      |  |      |      |      |      |  |                                     |     |      |     |   |      |  |      |      |   |                            |     |                           |  |      |       |               |         |  |                |          |              |           |           |  |          |            |               |          |          |   |           |            |              |      |              |  |             |      |       |      |     |   |      |      |       |      |       |  |      |      |                        |      |     |  |    |                                   |      |      |      |                          |                           |      |     |      |    |   |      |      |      |      |   |                                  |  |      |       |      |                                  |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |      |  |  |  |  |                           |  |
| 1205   | 18            | 2205   | 9         | Reissue claims in excess of 20 and over original patent                    |            |                 |     |              |     |                 |          |      |      |      |     |      |      |      |      |  |      |      |      |      |  |                                     |     |      |     |   |      |  |      |      |   |                            |     |                           |  |      |       |               |         |  |                |          |              |           |           |  |          |            |               |          |          |   |           |            |              |      |              |  |             |      |       |      |     |   |      |      |       |      |       |  |      |      |                        |      |     |  |    |                                   |      |      |      |                          |                           |      |     |      |    |   |      |      |      |      |   |                                  |  |      |       |      |                                  |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |      |  |  |  |  |                           |  |
| <b>Subtotal (2) \$ 237</b>   |               |  |           |  |            |                 |     |              |     |                 |          |      |      |      |     |      |      |      |      |  |      |      |      |      |  |                                     |     |      |     |   |      |  |      |      |   |                            |     |                           |  |      |       |               |         |  |                |          |              |           |           |  |          |            |               |          |          |   |           |            |              |      |              |  |             |      |       |      |     |   |      |      |       |      |       |  |      |      |                        |      |     |  |    |                                   |      |      |      |                          |                           |      |     |      |    |   |      |      |      |      |   |                                  |  |      |       |      |                                  |                                    |  |      |       |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                               |  |      |    |      |    |   |  |      |     |      |     |  |  |      |    |      |    |  |      |  |  |  |  |                           |  |

Signature *Z. Peter Sawicki*  
(Z. Peter Sawicki)

Reg. No. 30,214

Date 10/31/03

Deposit Account No. 23-1123